

UNITED STATES DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE

APPEARANCE

Case Number:

To the Clerk of this court and all parties of record:

Enter my appearance as counsel in this case for

I certify that I am admitted to practice in this court.

Date

Signature

Print Name

Bar Number

Address

City

State

Zip Code

Phone Number

Email Address

CERTIFICATE OF SERVICE

I hereby certify that this Appearance was served on the following persons on this date and in the manner specified herein:

Electronically Served Through ECF:

Conventionally Served:

Date

Signature